

BILLING ADDRESS
Name: IHAB RASHID
Phone Number :
Bill Ref : HV4883
Date : 29-09-2026

عنوان المستلم
IHAB RASHID: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
IHAB RASHID	2	09-01-2026	17-01-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 525	\$ 1050
						TOTAL			\$ 1050	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1050	